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TB CARE I

TB CARE I - Zambia

**Year 2
Quarterly Report
October-December 2012**

January 30, 2013

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI360
Collaborating Partners	KNCV, MSH, WHO
Date Report Sent	
From	Seraphine Kaminsa Kabanje
To	George Sinyangwe
Reporting Period	October-December 2012

Technical Areas	% Completion
1. Universal and Early Access	47%
2. Laboratories	73%
3. Infection Control	71%
4. PMDT	75%
5. TB/HIV	96%
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	92%
8. Drug supply and management	100%
Overall work plan completion	82%

Most Significant Achievements

Universal access: The Patient Centered Approach (PCA) initiative is being implemented in North Western province in three districts namely Solwezi, Kabompo and Mwinilunga. TB CARE I staff members participated in the collection of baseline data in three districts, with two consultant facilitators and 15 research assistants from October 15-27, 2012. The initiative has three main phases that include a baseline survey, the implementation of PCA tools and an endline survey. A quantitative survey questionnaire was administered in all three districts of Kabompo, Mwinilunga and Solwezi and qualitative in-depth interviews were conducted in two districts. This data will provide information on the current health needs and preferences from a patient perspective.

Laboratory: Implementation of the national courier system began with a baseline assessment in four selected pilot provinces of Central, Eastern, Copperbelt and Northern provinces for a total of 24 districts in 60 health facilities. A team of Ministry of Health and TB CARE I laboratory staff conducted a baseline assessment using three structured questionnaires. Interviews were administered face to face to clinical managers of one MDR-TB facility in the Copperbelt province, laboratory staff, other hospital staff members, Provincial Medical Officers and District Medical Officers. A total of 84 respondents participated in the interviews. Additional data was collected by observation of activities during the site visits. The data included the number of smears examined by province, number of positive smears and new patients with positive TB smears in the four pilot provinces. 30,636 smears were examined of which 4,171 were positive. The Copper belt province had the highest number of smears done (13,451) and smear positive results (2,045). *Refer to photo album.* The baseline assessment is part of the sputum specimen referral system planned for country scale-up.

KNCV laboratory consultant Valentina Anisimova provided technical support to the Tropical Diseases Research Centre (TDRC) in October 2013 to strengthen capacity of the Tropical Disease Research Center (TDRC) in TB culture/drugs susceptibility testing (DST) laboratory through detailed assessment and technical assistance to help build quality management systems (QMS).

TB IC: The Ndola District TB IC demonstration site project received approval for \$98,650 in core funding, for project continuation for one year from October 2012. Focus activities include the review and inclusion of IC activities in the facility planning cycle of 2013-2014. Other activities that will be implemented include the screening of health care workers for TB and HIV, use of smartphone technology in the FAST strategy and end-evaluation of project successes. Three poster presentations on some achievements from the TB IC demonstration project were made at the Infection Control Africa Network conference (ICAN) conference held in Cape Town, South Africa from November 26-29, 2012.

TB CARE I also supported training of 48 community volunteers (28 females, 20 males) in the TB IC community level training. Facilitation support was provided by Ms. Stella Kirkendale, Mr. Amos Nota, Ms. Lynette Maambo (Ndola District Medical Office) and Mr. Sylvester Chanda (Provincial Medical Office, Central Province).

PMDT: TB CARE I KNCV regional consultant Dr. Victor Ombeka provided technical support to the NTP to reconstruct PMDT data at two referral hospitals, using the newly printed MDR-TB reporting and recording tools. The data reconstruction will help the NTP to provide MDR-TB patient data for the country. The revision of the national guidelines for the Programmatic Management of Drug Resistant Tuberculosis (PMDT) was completed this quarter by a sub-committee comprising the Ministry of Health staff, National TB control Program (NTP), the National Reference Laboratory, one Ndola Central Hospital MDR-TB ward supervisor, local TB CARE I partners and representatives from UNDP, USAID and CDC.

TB/HIV: TB CARE I provided support for 5 DOTS trainings for 122 community volunteers (68 males, 54 females). Training volunteers has proven cardinal as they assist the poorly staffed health care workers in identifying TB suspects who are subsequently screened for HIV once TB diagnosis is confirmed. Early diagnosis of both TB and HIV, with prompt treatment, is associated with better outcomes. Two district level TB/HIV collaborating body meetings were also held in Kitwe and Ndola districts. 77 health facility staff operating in different areas of lab, pharmacy, in and outpatient units and managers attended the two meetings in the Copper belt province. This province has the highest TB and HIV burdens among the TB CARE I supported provinces.

3 Is implementation: Preparatory work has been underway for the implementation of the WHO 3 I's project in four provinces in Zambia, in partnership with the Centre for Infectious Diseases Research in Zambia (CIDRZ). The partners developed a set of baseline assessment and monitoring tools this quarter. The tools have been reviewed by local and international technical staff from the Ministry of Health, TB CARE I, CDC and USAID. TB CARE I also conducted interviews for 16 staff positions under the 3 I's project. The positions include eight facility level laboratory officers, eight facility level TB/HIV technical officers and one senior clinical care officer who will be based in the Lusaka TB CARE I office.

Health System Strengthening: Two MoH and four TB CARE I staff members participated in the 43rd World Union conference held in Kuala Lumpur, Malaysia. The team participated in a number of key meetings organized by the Program Management Unit (PMU) during the conference. A poster presentation titled '*Selection of supervising laboratories for peripheral facilities in the EQA program for the Copperbelt Province of Zambia*' was also made by Robertson Chibumba - TB CARE I Technical Officer Laboratory services.

M&E, Operational Research (OR) and Surveillance: Four draft protocols were developed by a team of MoH staff members, research staff from the University of Zambia and TB CARE I local and international partners by December 2013. The project plans to finalize the protocols for local ethical approval in the next quarter. The draft protocols are under the following themes: 1. What are the best strategies to promote and scale up integration of screening of HIV and TB amongst household contacts of smear positive TB patients? 2. What factors contribute to long turnaround time for sputum smear microscopy results for TB suspects and follow up patients? 3. Assessing barriers to timely screening and diagnosis of tuberculosis in prison inmates in Zambia, 4. Study to determine barriers in the Identification and referral of MDR-TB suspects for diagnosis in Zambia.

Overall work plan implementation status

82% of planned Year 2 project implementation was achieved by the end of this quarter. TB CARE I will complete the Year 2 activities during Year 3 of project implementation. TB CARE I was finalizing the Year 3 work plan submission following mission approval and review by USAID Washington.

Technical and administrative challenges

The project has not experienced any major challenges this quarter.

In-country Global Fund status and update

The NTP continues to receive support from the United Nations Development Fund (UNDP) for implementation of Global Fund activities. Dr. Callistus Kaayunga, Dr. Mwendaweli Maboshe and Amos Nota from FHI360 Zambia, TB CARE I travelled to Nairobi, Kenya to attend a TBTEAM regional workshop on National Strategic Planning for Tuberculosis Control. The workshop was organized by WHO/AFRO/STB/Unit and WHO-HQ/HTM/STB/TSC Unit. Participants for the meeting were drawn from 28 African countries including Angola, Botswana, Burkina Faso, Burundi, Chad, Congo, Cote D'Ivoire, DRC, Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, The Gambia, Uganda, Zambia and Zimbabwe.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.3 Patients’ Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	2	2012	1	TB CARE I supported training of 24 health care workers and community volunteers from the two PCA planned intervention districts of Solwezi and Mwinilunga (10 females, 14 males) from December 4-8, 2012 in Solwezi. The 24 participated in the pre testing of data collection tools and PCA implementation tools. Collection of baseline data and entry of the quantitative component was done. The TB CARE I and ZPCT II M&E staff members worked with the KNCV data support expert during the data entry process. The implementation of the PCA tools will be done in the next quarter.	The PCA data collected has two components, qualitative and quantitative data. The project managed to enter quantitative data and hopes to receive guidance from the technical officer at KNCV responsible for the qualitative component in quarter two of project implementation. The PCA tools are planned for implementation in the next quarter and will include the Patient Charter, Quote TB Light and TB Literacy Toolkit.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1 Appropriate tools from the PPM Toolkit is implemented Indicator Value: Score (0-3) based on definition disaggregated by the tools selected by NTP.	0	2011	2	2012	1	The NTP was analyzing the survey findings this quarter and agreements with private providers will be made to harmonize their TB patient data with the national TB surveillance system.	Private service providers will be oriented in the use of national TB reporting and recording tools in the next quarter and support will be provided for them to adopt the tools.
	1.2.5 Private providers referring suspects to government facilities Indicator Value: Number Level: Score (Yes/No) Source: TB register Means of Verification: Numerator: Denominator:	Yes	2011	Yes	2012	Yes	The private providers have not yet been provided with reporting and recording tools to refer patient data to the NTP.	The NTP plans to provide reporting and recording tools from the next quarter

Technical Area	2. Laboratories							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above both nationwide and TB CARE areas. Denominator: All laboratories (national and TB CARE areas separately) that perform one or more of the above TB diagnostics.	64% (national) 136/213	2011	100%	2012	100% (135/135)	TB CARE I continued to support EQA for smear microscopy in 135 facilities in the six target provinces. TB CARE I laboratory officers provided technical support in Central and North Western provinces.	In order to improve the quality of EQA in the six target provinces, TB CARE I will support training of 15 laboratory supervisors on microscopy EQA performance analysis using the TB CARE I Laboratory ToolBox in February 2013.

2.2 Ensured the availability and quality of technical assistance and services	2.2.2 SRLs that are meeting the terms of reference including conducting technical assistance visits and providing proficiency testing panels Indicator Value: Number of SRLs	1	2011	1	2012	1	The new Supra-National TB Reference Laboratory (SRL) of Kampala, Uganda sent proficiency panels in October 2012 to the National TB Reference Laboratory to assess staff performance in Culture/DST. The culture/DST panels were analysed and results sent to SRL.	The National TB Reference Laboratory is waiting for the report on proficiency panels tested.
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (2) GeneXpert (1) LED microscopy (12)	2011	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (3) GeneXpert (3) LED microscopy (20)	2012	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (2) GeneXpert (1) LED microscopy (12)	The Xpert MTB/RIF technical working group completed the first draft of the Xpert implementation plan pending submission to NTP for approval. The following key areas have been agreed upon: 1. objective of Xpert implementation, 2. eligible suspects for Xpert MTBRIF testing, 3. diagnostic algorithm, 4. Xpert M&E indicators and 5. site selection criteria.	A training of trainers in Xpert MTB/RIF has been scheduled for February 2013 during which 35 clinicians and 10 laboratory staff will be trained. Ms. Manuela Rehr, PMU Technical Officer Laboratory Services, has been invited to co-facilitate at this national workshop.

Technical Area 3. Infection Control		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y1		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	7%	2011	23% (10/44)	2012	35% (15/44)	The target for year two was reached and activity was completed. TB CARE I is waiting for year three workplan approval to continue facility IC support.	TB CARE I plans to support integration of TB IC to a minimum of 13 facilities. The project will also support baseline IC assessments in 29 health facilities and 8 prison facilities (In the 3 I's target facilities).
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Yes/No	No	2011	Yes	2012	No	Annual reporting on TB disease among health care workers is not part of the current NTP reporting system.	TB CARE I will learn from the Ndola District TB IC demonstration project and support the development of reporting tools to be part of the reporting and recording system

3.4 Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	Yes	2011	Yes	2012	Yes	The project plans to support IC training for three MoH staff members in the third quarter.	The regional training will only be conducted in the third quarter of project implementation in South Africa.
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Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	Not yet available	2011		2012	Data not yet available	Tender procedures for the renovation works for the two MDR-TB sites were completed and tender documents are currently under review by FHI360 HQ. Works may commence in the next quarter.	The MoH tender documentation has required detailed review by TB CARE I/FHI360 HQ to verify conformity with USAID requirements through the Contracts Management Services (CMS) department. This process will influence the finalization of renovation contracts and beginning of renovation works.
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	data not yet available	2011		2012	Data not yet available	Dr. Victor Ombeka, KNCV regional consultant, provided technical support to the NTP to reconstruct PMDT data using the newly printed reporting and recording tools. The NTP M&E Officer will provide the patient data from the two hospitals that participated in this process.	The NTP is expected to provide patient data on PMDT in the next quarter.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	83	2011	85	2012	83	TB CARE I supported two district TB/HIV coordinating body meetings in Kitwe and Ndola, Copperbelt province with 35 participants in Ndola (21 males, 14 females) and in Kitwe (10 males, 32 females). Facilities within the two districts shared their successes and challenges in treating TB patients co-infected with HIV. The meetings provided a forum for peer to peer sharing and also enabled the district medical office to audit all registers for TB/HIV co-infected patients from the participating facilities. Through these meetings, TB CARE I was able to identify areas in TB/HIV that require more strengthening.	The project will support the districts to integrate the funding of TB/HIV coordinating body meetings in their annual plans.







	<p>5.2.3 TB patients who are HIV positive</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of all TB patients registered over a given time period who test HIV-positive (after giving consent) during their TB treatment</p> <p>Denominator: Total number of TB patients registered over the same given time period who are tested for HIV (after giving consent).</p>	65	2011		2012	65	<p>TB CARE I provided DOTS training to 122 community volunteers using reprogrammed funds, from the following districts: 25 community volunteers working in HIV care and treatment settings from Kapiri Mposhi, Central Province (15 females, 10 males), 25 from Kalulushi, Copperbelt Province (14 females and 11 males), 23 from Lufwanyama, Copperbelt Province (11 females and 12 males), 25 from Mansa, Luapula Province (8 females and 17 males) and 24 from Mwense, Luapula Province (6 females and 18 males). Training volunteers has proven cardinal as they have supplemented health care worker efforts in identifying TB suspects who are subsequently screened for HIV once TB diagnosis is confirmed. Early diagnosis of both conditions with prompt treatment is associated with better outcomes.</p>	TB CARE I plans to support an additional six trainings in the next quarter with year two carry-over funds.
	<p>5.2.4 Suspected TB patients screened for HIV</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of all TB suspects registered over a given time period tested for HIV (after giving consent).</p> <p>Denominator: Total number of TB suspects registered over the same given time period.</p>	78	2011		2012	83	<p>Activity completed in the previous quarter.</p>	TB CARE I will equip 26 health care workers including prison HCWs with basic ART skills during year three of project implementation.












Technical Area	6. Health Systems Strengthening							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.					753 total trained in Year 2	271 were trained through TB CARE I support. The following trainings were successfully held by program area: Universal Access training in WHO TB modules; 122 (54 female, 68 male). PCA implementers training; 24 (10 female, 14 male). Training in Community TB IC Simplified Checklist; 48 (28 female, 20 male). TB HIV meetings 77 (46 female, 31 male)	TB CARE I will continue to support staff trainings in key focus areas in the next year.
		115	2011	656	2012			

Technical Area	7. M&E, OR and Surveillance							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.1 Strengthened TB surveillance	7.1.2 Diagnosed cases captured by routine surveillance system Indicator Value: Percent Numerator: Number of cases in the routine surveillance system Denominator: Total number of cases in the routine surveillance system including laboratory and clinical diagnostic registers including in private sector.	73	2011	85	2012	91	A national launch and media briefing for the prevalence survey was held on November 13, 2012 and the Minister of Health was the key representative of the launch. Pre survey visits were conducted by the steering committee members in all planned sampling sites, in November 2012. The SOPs for the survey were prepared in November 2012 by the steering committee and TB CARE I staff were part of the committee. A tender selection committee meeting was held in December 2012 for the digitalization of the three X-ray machines planned for use in the survey.	The prevalence survey implementation will require procurement of laboratory equipment and supplies which will be procured once the year three workplan is approved. TB CARE I will continue to participate and support the prevalence survey activities.
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No					No	The data quality audit was not conducted in this quarter because of conflicting priorities from the NTP. An audit is planned for in the next quarter.	The USAID mission in Zambia plans to conduct the data quality audit in January 2013 with the NTP.
		Yes	2011	Yes	2012			
7.3 Improved capacity of NTPs to perform operational research	7.3.2 Number of staff trained in proposal writing Description: Indicator Value:number Numerator: number of staff trained in operational research					No	Four draft protocols have been developed under the following themes: 1. What are the best strategies to promote and scale up integration of screening of HIV and TB amongst household contacts of smear positive TB patients? 2. What factors contribute to long turnaround time for sputum smear microscopy results for TB suspects and follow up patients? 3. Assessing barriers to timely screening and diagnosis of tuberculosis in prison inmates in Zambia, 4. Study to determine barriers in the Identification and referral of MDR-TB suspects for diagnosis in Zambia.	TB CARE I will support the finalization of protocols in the next quarter and submission for local ethical review and approval.
		None	2011	20	2012			











Technical Area	8. Drug supply and management							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	12 months (FLD)	2011	12 months (FLD)	2012	over 12 months (FLD)	This budget line was reprogrammed and activities planned for carry over into year three and will be implemented after receipt of USAID approval of APA3 work plan.	New activities to be implemented in year three following workplan approval




Quarterly Activity Plan Report





1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Orient stakeholders on the patient centered approach	FHI 360	3.248	 100%	Aug	2012	Orientation of stakeholders from the North Western province where the Patient Centered Approach was planned for implementation was done in August 2012. Following the orientation meeting, 12 health care workers (5 females and 7 males) and 12 community volunteers (5 females and 7 males) from the planned intervention sites (Mwinilunga and Solwezi) were trained in December 2012, in readiness to start implementing the intervention.
	1.1.2	Conduct data collection and analysis on adapted tools	FHI 360	30.507	 75%	Feb	2013	Baseline data collection took place in October 2012 in the three target districts of Solwezi, Mwinilunga (intervention districts) and Kabompo (control district). This data is being captured by TB CARE I and ZPCT II M&E staff using Epi data software for the quantitative component. The qualitative data analysis will take place in quarter two of year three.
	1.1.3	Supervise data analysis	FHI 360		 25%	Feb	2013	The process of baseline data analysis has begun with staff entering data on the quantitative component.
	1.1.4	Participate in patient centered approach regional workshop	FHI 360	4.417	 0%	Feb	2013	This activity is scheduled for March 2013 in Mozambique for all countries implementing the PCA.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers	1.2.1	Support enhanced management of paediatric TB	WHO	11.300	 75%	Apr	2013	No activities related to management of paediatric TB were conducted this quarter. TB CARE I will support training of 50 health care providers in the updated paediatric guidelines in the next quarter.
	1.2.2	Provide private practitioners with TB surveillance tools	WHO	11.300	 75%	May	2013	Surveillance tools to be provided next quarter.





(Supply)	1.2.3	Support orientation of private practitioners in data management	WHO	23.391	 0%	May	2013	No activities were conducted in this quarter. TB CARE I will support training 50 private sector practitioners in TB data management in the next quarter.
	1.2.4	Support CB-DOTS program	FHI 360	3.897	 100%	Mar	2012	Activity completed.
	1.2.5	Provide technical support to NTP in program management	KNCV	74.093	 25%	Jun	2012	The consultant had to cancel her mission at the last moment due to health problems. Nevertheless a stakeholders meeting was held in October 2012. Participants included the civil society, community based organizations and faith based organizations. Plans have been made this quarter with the NTP and an ACSM consultant is expected to provide technical support in the next quarter.
	1.2.6	Develop ACSM strategy	WHO	63.031	 100%	Dec	2012	A meeting was held for 20 participants from December 26- 31 by the NTP and a draft strategy was developed.
	1.2.7	Enhance community participation in ACSM	FHI 360	29.747	 0%	Dec	2012	This activity under ACSM will be implemented in the second quarter of project implementation, following finalization of the ACSM strategy.
	1.2.8	Re-orientation of health care workers in TB control	WHO	120.721	 100%	Sep	2012	Activity completed in the previous quarter.
	1.2.9	Training of HCW in ACSM	FHI 360	22.025	 0%	Mar	2013	Training of health care workers will be done in the second quarter of APA 3.
	1.2.10	Situational analysis on ACSM	FHI 360	13.379	 0%	Mar	2013	The situational analysis will be conducted in the second quarter of APA 3.
	1.2.11	ACSM operational plan development	FHI 360	8.508	 0%	Mar	2013	The operational plan will be developed after the situational analysis is conducted.
	1.2.12 M	Support 5 day training for 150 community volunteers in DOTS (25 participants per training)	FHI 360	88.462	 75%	Mar	2013	TB CARE I supported the training of 72 community volunteers in 3 TB DOTS trainings (31 females and 41 males) with reprogrammed funds. The trainings were conducted in the following districts: Kalulushi, Lufwanyama and Mwense districts
					 47%			





2. Laboratories				Planned Completion	
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Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI 360	70.387	 100%	Sep	2012	Activity completed
	2.1.2	Support the implementation of the National Courier System for the referral of TB specimens	FHI 360	92.971	 75%	Jun	2013	The baseline assessment planned for Eastern province was conducted this quarter and agreements to develop SOPs, begin implementation in four pilot sites and train 30 laboratory staff in the use of the SOPs were included in the year three workplan.
	2.1.3	Support external quality assessment (EQA) implementation	FHI 360	136.756	 100%	Sept	2012	EQA conducted this quarter in 135 facilities with savings from the year two workplan budget.
	2.1.4	Conduct follow up visits after EQA implementation	FHI 360	55.764	Cancelled	Sept	2012	Funds for this activity were reprogrammed to support other TB CARE I activities.
	2.1.5	Develop Culture EQA	MSH	26.589	 25%	Apr	2013	The development of the culture DST guidelines will be done in APA 3.
	2.1.6	Strengthen laboratory staff biosafety skills	FHI 360	34.027	 100%	Jul	2012	Activity completed in the last quarter.
	2.1.7	Support smear preparation at non-diagnostic sites	FHI 360		 50%	Feb	2013	Following the baseline assessment which was conducted in Mumbwa and Serenje districts of Central province last quarter, a training of staff will be conducted in APA3.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability and quality of technical assistance and services	2.2.1	Provide national and provincial level technical support	KNCV	106.858	 25%	May	2013	Dr. Valentina Anisimova's provided technical support to TDRC regional TB reference laboratory from October 7 - 22, 2012 with a focus on strengthening the lab culture, DST and quality mangement systems.
	2.2.2	Build capacity for laboratory staff from culture facilities	FHI 360	91.981	 0%	May	2013	This activity has been planned to take place in APA 3.
	2.2.3	Equip laboratory staff with skills in new diagnostics	FHI 360	48.228	 100%	March	2012	Activity completed
	2.2.4	Support national laboratory meeting	FHI 360	39.308	 100%	Sep	2012	Activity completed
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date








2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and	2.3.1	Procure diagnostic equipment	FHI 360	85.867	 100%	June	2012	Activity completed: A technical working group was established to coordinate and plan all activities for Xpert implementation and routine use and provide the country strategy for GeneXpert use. The strategic plan is being developed to guide on the effective utilization of the GeneXpert MTB/RIF.
	2.3.2 M	Procure lab supplies (including MOT)	FHI 360	50.561	 100%  73%	Apr	2012	Activity completed last quarter.






3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Incorporate TB IC into health facility general infection control plans	FHI 360	24.161	 100%	Sept.	2012	Activity completed according to year two workplan and budget. TB CARE I supported the integration of TB IC to 15 facilities over the targeted 10 facilities for year 2. TB CARE I will support integration of TB IC to 13 new facilities.
	3.2.2	Enhance safe TB IC work practices in MDR-TB treatment sites	FHI 360	22.133	 75%	Mar	2013	A TB IC training will be conducted with local partners in the next quarter.
	3.2.3	Enhance the use of available space to maximize TB IC measures	FHI 360	50.000	 75%	Mar	2013	Renovation works commenced in four of the five selected sites in October 2012. The four sites are Kabwe General Hospital OPD, Kawama Clinic (Kitwe), Clinic 1 (Chingola) and Mishikishi Clinic (Masaiti). All works will be completed in the next quarter as they are all at an average of 70% complete. The MoH began the tender procedures for the Chest Diseases Laboratory (CDL) incinerator housing in December 2012. The renovation works for this incinerator housing will be completed in the next quarter.
	3.2.4	Provide technical assistance in TB IC at facility level	KNCV	20.475	 50%	Dec	2012	KNCV consultant Max Meis provided technical support in September 2012 to the demonstration project. The support by Jerod Scholten to build provincial staff capacity was cancelled.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

3.4 Improved TB-IC human resources	3.4.1	Build provincial level staff capacity in TB IC through regional training	FHI 360	29.552	 100%	Jul	2012	Activity complete for year three workplan and budget: TB CARE I will support IC training for three MoH staff members in the third quarter in year three.
	3.4.2	Enhance provincial level staff capacity in TB IC through local training	KNCV	4.450	 25%	Dec		The training is planned to take place in the first quarter of APA 3. Planning is underway to include laboratory staff.
	3.4.3 M	3 day training for 75 community volunteers in community TB IC package (25 participants per training) (MOT)	FHI 360	19.829	 75%	Apr	2013	48 community volunteers (28 females and 20 males) under went training in community TB IC in 2 trainings held in Kabwe and Kitwe. A training is planned for Mkushi district in February 2013 with the reprogrammed funds.
					 71%			








4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Rehabilitate infrastructure for management of multi-drug resistant (MDR-TB) TB patients	FHI 360	623.382	 75%	Jun	2013	The tender procedures for rehabilitation works at UTH and Kabwe General Hospitals by the MOH central level are complete and documents are currently under review by FHI360 HQ.
	4.1.2	Provide technical assistance in MDR-TB facilities on TB IC	KNCV	43.626	 50%	Oct	2012	Dr. Victor Ombeka provided technical support to the NTP for PMDT and made visits to the MDR-TB treatment sites where data collection on MDR-TB patients was reorganized with standard recording and reporting tools.
	4.1.3	Procure personal protective equipment	FHI 360	8.100	 100%	March	2012	Activity completed. Respirators were procured
					 75%			



5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Strengthen district and health facility level TB/HIV coordinating bodies	FHI 360	98.982	 100%	Dec	2012	TB CARE I provided support to two district level TB/HIV coordinating body meetings held in Kitwe and Ndola with 77 participants (46 females and 31 males).
	5.2.2	Enhance health care worker involvement in community TB and HIV services	WHO	99.440	 100%	Dec	2012	Activity completed in the previous quarter.
	5.2.3 M	Enhance community involvement in TB case finding efforts among HIV infected persons	FHI 360	61.754	 75%	Dec	2012	50 community volunteers working in HIV care and treatment settings (23 females and 27 males) were trained in DOTS in Kapiri Mposhi and Mansa districts.
	5.2.4	Intensify TB screening in HIV prevention, care and treatment points	FHI 360	5.261	 100%	Sept.	2012	Activity completed.
	5.2.5	Training in provider initiated HIV counseling and testing	FHI 360	38.902	 100%	March	2012	Activity completed.
	5.2.6	Procure facility equipment for renovated TB clinic	FHI 360	8.962	 100%	March	2012	Activity completed.
					 96%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part	6.2.1	Support World TB Day commemoration	WHO	11.300	 100%	March	2012	Activity completed under year two workplan and budget. TB CARE I will provide support for the World TB Day commemoration in year three in March 2013
	6.2.2	Strengthen human capacity efforts in TB control	FHI 360	27.854	 100%	Nov	2012	Activity completed. Four TB CARE I staff and two MoH staff participated in the Union Conference in November 2012 in Kuala Lumpur in Malaysia with project support.
	6.2.3	Strengthen staff knowledge in required rules and regulation	FHI 360	40.104	 100%	Mar	2012	Activity completed
	6.2.4	Participate in provincial planning	FHI 360	10.944	 100%	Sept.	2012	Activity completed
					 100%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

7.1 Strengthened TB surveillance	7.1.1	Strengthen provincial data quality through provincial technical review meetings	WHO	169.500	 100%	Sept.	2012	Activity completed.
	7.1.2	Strengthen monitoring and evaluation through national, provincial, and district supervisory visits	WHO	56.500	 100%	Sept.	2012	Activity completed.
	7.1.3	Support availability of national key strategic documents for TB control	WHO	22.600	 100%	June	2012	Activity completed.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of	7.2.1	Strengthen national data quality through annual national review meeting	FHI 360	38.970	 100%	March.	2012	Activity completed.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Conduct operations research	FHI 360	212.769	 75%	Sept.	2013	Draft protocols were developed this quarter for the four focus areas of operations research.
	7.3.2	Provide technical assistance in implementation of operational research	FHI 360	11.938	 75%	Sept.	2013	The draft OR protocols were submitted for review by Dr. Eveline Klinkenberg of KNCV and Drs. Aurélie Brunie and Lisa Dulli of FHI 360 this quarter. The reviewers will continue to provide technical assistance in the next quarter.
					 92%			

8. Drug supply and management			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Provide technical assistance to the NTP in drug management	KNCV	19.748	 100%	Sept.	2012	Activity completed.
	8.1.2	Procure first-line drugs	FHI 360	1.000.000	Cancelled	Sept.	2012	Funds reprogrammed to procure equipment to support national prevalence survey and new diagnostics (LED microscopes)
					 100%			

Quarterly MDR-TB Report

Country	Zambia
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Period	October-December 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	118	Unknown
Jan-Sep 2011	93	48
Oct-Dec 2011		
Total 2011	93	48
Jan-Mar 2012	24	10
Apr-Jun 2012	20	8
Jul-Sep 2012		
Oct-Dec 2012		
Total 2012	44	18

The NTP did not provide data this quarter and planned for data reconstruction in October 2012

The NTP was not able to provide data this quarter because of the reconstruction process underway

Reporting tools for MDRTB have been developed. TB CARE I and NTP will conduct a data reconstruction process to determine the number of MDR TB patients who started treatment in the cohort.

Quarterly Photos



TB CARE I staff at a planning meeting, Ibis Gardens, November 7—9, 2012. From left to right is Amos Nota (Technical Officer-TB/HIV), Evans Mainza (Senior Finance Manager), Chitambeya Mukwangole (Technical Officer-TB IC), Paul Sichalwe (Senior Program Officer) Dr. Grace Kahenya (Senior Technical Advisor-Laboratory Services, MSH), Dr. Henry Phiri (Senior Program Advisor), Bernard Sichinga (Technical Officer-M&E) and Robertson Chibumbya (Technical Officer-Laboratory Services)



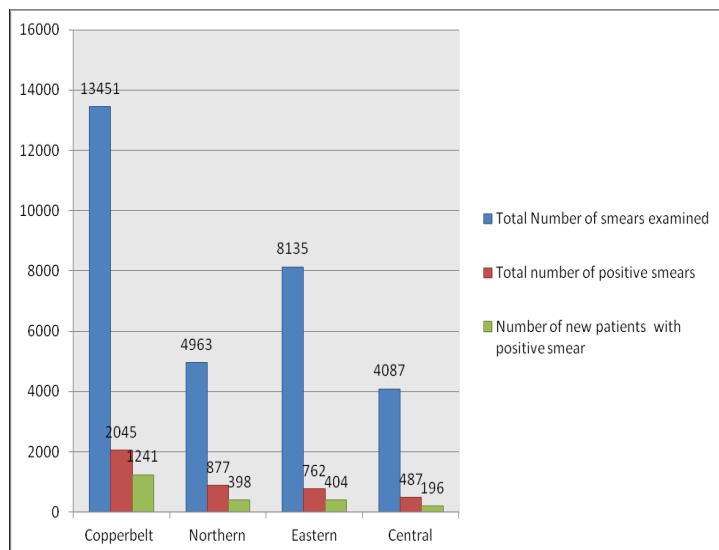
Renovation works being done at Kawama Clinic in Kitwe, Copperbelt province, to enhance TB infection control environmental measures by increasing the window sizes to improve natural ventilation



PCA data collection team led by Bernard Sichinga-Technical Officer M&E, paying a courtesy call to the headwoman at Manyinga village, Manyinga district, North Western province during interview of TB patients exercise in October 2012



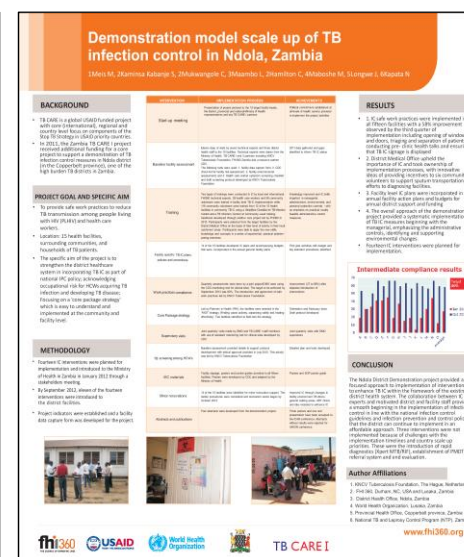
TB CARE I staff Robertson Chibumbya making a poster presentation at the Union Conference in Kuala Lumpur, Malaysia November 2012. The title of the poster was: Selection of supervising laboratories for peripheral facilities in the EQA program for the Copperbelt Province of Zambia.



The graph above represents comparison of data for four pilot provinces participating in a National Courier System for the referral of TB specimens. The data includes the number of smears examined, number of positive smears and new patients with positive TB smears in the four pilot provinces. Copper belt province has the highest number of smears done and positives this is due to high incidence of TB and co infection with HIV.



TB CARE I staff with partners at the Union Conference, Kuala Lumpur, Malaysia, November 2012. From left to right, Seraphine Kaminsa Kabanje, Robertson Chibumba, Dr. Mwendaweli Maboche (WHO TB Technical Advisor), Rose Masilani (Senior Health Promotions Officer, Ministry of Health), Chitambeya Mukwangole and David Siamutondo (JATA-MOF Project)



The three posters above were presentations made at the Infection Control Africa Network (ICAN) conference held in Cape Town from November 26-29 2012. The three presentations were made by Joackim Longwe (Senior Infrastructure Officer-Ministry of Health, Copperbelt Provincial Medical Office), Amos Nota (Technical Officer-TB/HIV, TB CARE I) and Seraphine Kaminsa Kabanje (Project Director, TB CARE I)

Inventory List of Equipment - TB CARE I

Organization:	TB CARE I
Country:	Zambia
Reporting period:	October-December 2012
Year:	APA 2



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TB CARE I

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
GENE XPRT MACHINE	801639	February 10, 2012	\$23,191.70		CDL LUSAKA	Good		FHI360	P/01/1014/045922/201
GENE XPRT MACHINE	801638	February 10, 2012	\$23,191.70		LUSAKA	Good		FHI360	P/01/1014/045922/201
EXAMINATION COUCH	FHI/TBCL ME 029	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
EXAMINATION COUCH	FHI/TBCL ME 030	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
EXAMINATION COUCH	FHI/TBCL ME 031	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
EXAMINATION COUCH	FHI/TBCL ME 032	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
EXAMINATION COUCH	FHI/TBCL ME 033	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
XRAY VIEWING BOX	FHI/TBCL ME 034	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
XRAY VIEWING BOX	FHI/TBCL ME 035	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
XRAY VIEWING BOX	FHI/TBCL ME 036	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
XRAY VIEWING BOX	FHI/TBCL ME 037	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
XRAY VIEWING BOX	FHI/TBCL ME 038	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
BEDSIDE SCREENS	FHI/TBCL ME 039	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
BEDSIDE SCREENS	FHI/TBCL ME 040	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
BEDSIDE SCREENS	FHI/TBCL ME 041	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
BEDSIDE SCREENS	FHI/TBCL ME 042	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201

BEDSIDE SCREENS	FHI/TBCL ME 043	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/201
DELL LATITUDE E6320 Laptop	FX18BS1	April 10, 2012	\$1.857,31		Ndola Office	Good		FHI360	P/01/1007/045858/201
DELL LATITUDE E6320 Laptop	4GS8BS1	April 10, 2012	\$1.857,31		Ndola Office	Good		FHI360	P/01/1007/045858/201
DELL LATITUDE E6320 Laptop	7GS8BS1	April 10, 2012	\$1.857,31		LUSAKA	Good		FHI360	P/01/1007/045858/201
DELL LATITUDE E6320 Laptop	9Y18BS1	April 10, 2012	\$1.857,31		LUSAKA	Good		FHI360	P/01/1007/045858/201
HP LASERJET M3035MFP	CNRTCH096	April 10, 2012	\$2.839,11		LUSAKA	Good		FHI360	P/01/1007/045858/201
LCD PROJECTOR	EYJBU01001112002 D5592B	April 10, 2012	\$656,25		LUSAKA	Good		FHI360	P/01/1007/045858/201
BOOK SHELVES	FHI/TBCL OF 094	April 24, 2012	\$200,78		Ndola Office	Good		FHI360	P/01/1014/046772/201
BOOK SHELVES	FHI/TBCL OF 095	April 24, 2012	\$200,78		Ndola Office	Good		FHI360	P/01/1014/046772/201
BOOK SHELVES	FHI/TBCL OF 096	April 24, 2012	\$200,78		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
BOOK SHELVES	FHI/TBCL OF 097	April 24, 2012	\$200,78		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
WAITING BENCHES	FHI/TBCL OF 098	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
WAITING BENCHES	FHI/TBCL OF 099	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
WAITING BENCHES	FHI/TBCL OF 100	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
WAITING BENCHES	FHI/TBCL OF 101	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 056	May 3, 2012	\$448,36		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 057	May 3, 2012	\$442,61		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 058	May 3, 2012	\$442,61		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 059	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 060	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 061	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/201
OFFICE DESK	FHI/TBCL OF 062	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/201

OFFICE DESK	FHI/TBCL OF 063	May 3, 2012	\$277,27		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
OFFICE DESK	FHI/TBCL OF 064	May 3, 2012	\$277,27		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 065	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 066	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 067	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 068	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 069	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 070	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 071	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 072	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 073	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 074	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 075	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 076	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 077	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 078	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 079	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 080	May 3, 2012	\$156,60		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
VISITORS CHAIR	FHI/TBCL OF 081	May 3, 2012	\$156,60		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
SWIVEL CHAIR	FHI/TBCL OF 082	May 3, 2012	\$197,82		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
SWIVEL CHAIR	FHI/TBCL OF 083	May 3, 2012	\$197,82		Ndola Office	Good		FHI360	<u>P/01/1014/046772/201</u>
SWIVEL CHAIR	FHI/TBCL OF 084	May 3, 2012	\$197,82		LUSAKA	Good		FHI360	<u>P/01/1014/046772/201</u>

[illegible]

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
- (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
- (3) Date of invoice
- (4) Total price including any sales tax paid. Use currency on invoice
- (5) Note any sales tax charged
- (6) Address
- (7) Good/fair or bad
- (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info